PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 19 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027374

1. Corporation Name

I KYU NOODLES INC.

Principal Place of Business	Mailing Address
8392 SW 40th st	SAME
MIAMI FL 33155	

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc N/A
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 97-09

4. Date Incorporated or Qualified To Do Business in Florida: March 12 1996

5. FEI Number: 65-0650154 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	CARLOS CHAN	8392 SW 40th st MIAMI FL 33155	MIAMI 33155

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-05/04/99--01029--004
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

CARLOS CHAN
8392 SW 40th St.
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name: N/A

Street Address (P.O. Box Number is Not Acceptable):

Suite, Apt. #, Etc.:

City: | State: FL | Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: April 12 99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.) 04-21-99

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] April 12 99 305-485-7838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E087 (12/98)